WHS F031 Off Campus Workplace Assessment

This Checklist is a self-assessment risk management tool to be utilised by staff who:

a. Seeking approval to work from home or another location on a regular/scheduled basis; or
b. Are applying or reviewing a variation to their existing work arrangements that are off campus.

This form does not apply to field work or excursions. Where work is considered 'remote or isolated' and there is a risk to the worker a formal risk assessment is required to be completed using the WHS F020 Risk Assessment.

Part A: Overview of Work Location – *Mandatory to complete*

Work Location Details			
Working from Home	***Working from Other Location***	***New Request for Work Arrangements***	***Review of Existing Work Arrangements***
☐	☐	☐	☐

Start Date		Finish Date	
Days per week working at this location		Details of Work Environment *eg: office, workshop, laboratory etc*	
Phone Contact		Email Contact	
Address of Work Location			
Details of Work being conducted			
Is the Workplace shared with other occupants			
Is the Workplace controlled by UNE or other organisation?			
If Other organisation has control provide details including contact details of contact person			

Part B: Workplace Inductions – *Mandatory to complete*

	Yes		No	
Have you completed the UNESAFE Work Health & Safety Induction in Skytrust? *This is Mandatory for all staff* Visit https://www.une.edu.au/safety/whs-inductions and *Attach a copy of your Certificate.*	☐		☐	
	Yes	**No**		**N/A**

If working under the control of another organisation has all relevant inductions or training been completed?	☐	☐	☐

Part C: Work Environment – *Mandatory to complete*

Work Environment	Yes	No	n/a
Adequate working space is available?			
Work space is clean and housekeeping maintained?			
Amenities such as kitchens / bathrooms are available and kept clean?			
Adequate lighting for the work area or task provided?			
Smoking is not permitted and does not occur inside the work area?			
Walkways and stairs are clear of obstructions?			
Floors/footpaths/work areas are without trips hazards?			
UV protection is provided for outdoor tasks routinely performed?			
Airborne contaminants/odours are controlled?			
Adequate safety signage is in place?			
Exposure to machinery/plant/equipment is eliminated or controlled?			
Exposure to falling objects is eliminated or controlled?			
Noise levels are controlled?			
Ventilation is adequate/comfortable for Workers in all seasons?			
Are there any environmental hazards such as weather conditions?			
Is the work environment on or near water? *Eg dam, river*			
Is appropriate Person Protective Equipment (PPE) provided?			
Restricted areas are secure?			
Hazardous areas clearly defined?			
Comments			

Part D: Ergonomics – *Remove from View if not applicable using tab on left of 'Part D' Menu Bar*

If office work is being conducted using a desk, chair and computer the
WHS F019 Computer Workstation Ergonomic Checklist **MUST** be completed

Computer Workstation Ergonomics	Yes	No	n/a
WHS F019 Computer Workstation Ergonomic Checklist has been completed (attached)			

Part E: Manual Handling - *Remove from View if not applicable using tab on left of 'Part E' Menu Bar*

Manual Handling	Yes	No	n/a
Repetitive movement tasks, over reaching/strained positions and heavy lifting is eliminated or other controls are in place?			
Heavy objects are stored at approximately waist height if possible?			
Trollies or other assistance are available for transporting heavy items (and the trolley is in good working order with surfaces suitable for trolley use)?			
Comments			

Part F: First Aid - *Mandatory to complete*

Document Reference	Procedure Reference	Version	Effective Date	Review Date	Page Number	Date Printed
WHS F031	WHS OP018	2.0	01/05/2019	01/05/2021	2	6/03/2024

First Aid Facilities	Yes	No	n/a
First Aid kit easily accessible and suitable for work tasks?			
First Aid supplies within their use by date?			
Are there adequate trained first aid personnel in the work area?			
Comments			

Part G: Emergency Management – *Mandatory to complete*

Emergency Preparedness	Yes	No	n/a
Working from home or other domestic premises			
Emergency phone numbers located near phone?			
Fire protection equipment / smoke alarm installed and working?			
Working from another workplace			
Are evacuation plans displayed?			
Are you aware of who your Emergency Warden is for your work area?			
Do you know where your Emergency Assembly Point is located?			
Do you know what to do in an emergency situation?			
Do you have concerns about your work area if there were an emergency?			
Comments			

Part H: Electrical Safety - *Remove from View if not applicable using tab on left of 'Part H' Menu Bar*

Electrical Safety	Yes	No	n/a
Are plugs, cables, sockets, switches, extension leads & power boards in your work location in a safe operating condition and free of damage?			
Power boards are suitable for situation and each socket is individually switched to prevent arcing (double adaptors not recommended)?			
Electrical leads positioned to avoid tripping risks?			
Electrical equipment test and tagged as required?			
Safety switches/residual current device (RCD) installed and tested?			
Comments			

Part I: Remote or Isolated Work - *Remove from View if not applicable using tab on left of 'Part I' Menu Bar*

If arrangements involve 'Working from Home' this **MUST** is to be completed.

Remote/Isolated work	Yes	No
Are you working alone or in an area where you will not be able to communicate with someone for long periods? *If yes a risk assessment must be completed*		
Will you be regularly communicating with a Supervisor?		
Will you be using a remote communication device? *Eg: SPOT Checker, EPIRB, Satellite Phone*		
Do you have an emergency action plan, if you need help? *E.g. medical emergency, communication processes, monitoring or work*		
Will you be performing any hazardous tasks whilst alone?		
Comments		

Part J: Travel and Accommodation - *Remove from View if not applicable using tab on left of 'Part J' Menu Bar*

If working arrangements involve temporary accommodation and travel this **MUST** is to be completed.

General	Yes	No	n/a
Is UNE organising your accommodation and travel for work?			
Do you travel more than 50km (one way) to get to work?			
Do you have any concerns about your accommodation?			
Do you have any concerns about your travel arrangements?			
Have you completed a Risk Assessment for travel?			

Part K: Applicant Sign off - *Mandatory*

Note:

- **Risk Assessments** - Any off campus work activities under these arrangements that include work with chemicals, mechanical equipment/tools, activities such as welding, cutting, lifting, must complete the WHS F020 Risk Assessment to ensure risk controls are identified and implemented. Supervisors must take this in to consideration when approving a change to the primary place of work or work from home arrangements
- **All relevant Parts** of this assessment are to be completed
- **Your Supervisor / Manager** is to complete this form prior to submission to HRS

Sign Off		
Sign off is required by the staff member that has completed this form as well as those responsible for the control measures and subsequent review of control measures (to ensure they are adequate and effective in their intent).		
Name	Signature	Date

Part L: Attachments - *Remove from View if not applicable using tab on left of 'Part L' Menu Bar*

WHS F020 Risk Assessment	WHS F019 Computer Workstation Ergonomic Checklist	UNE General WHS Induction Certificate
☐	☐	☐
Other Workplace Inductions	Photographs	Other Documents
☐	☐	☐

Part M: Supervisor / Manager Sign off - *Mandatory*

This section **MUST** be completed prior to submission to HRS.

Management Review	
The relevant manager must review this assessment and any relevant Risk Assessments and other documents and ensure control measures are reasonably practicable and implemented, specific to the work environment under their control.	
Review	Response
Have all parts of this assessment been completed as required and appropriately address the work request?	
Are there any concerns about this work request?	

Have all required documents been provided as attachments?		
Have required Risk Assessments been conducted?		
Are there any further actions required?		
What is the review date for this assessment?		
Name	Signature	Date

Records Storage Instructions

*This completed form must be recorded in TRIM Container A16/4159 utilising a TRIM license in your School/Business Unit. Only the HRS Team is able to **view** records in this container.*